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June 29, 2007

Receiver: U.S. Patent and Trademark Office  
Examiner Campos

TEL #:

FAX #: (571) 273-8300

Sender: Dawn Wold for Masako Ando  
Our Ref. No.: SDK1P017

Re: Application No. 10/754,483

Pages Including Cover Sheet(s): 23

Amendment Transmittal	01
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Form 1449	01
European Examination Report	05

**MESSAGE:**

Please enter the attached Amendment D and Information Disclosure Statement and Form 1449 in the file.

**CONFIDENTIALITY NOTE**

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Beyer Weaver LLP - 30450 Stevens Creek Blvd., Suite 200, Cupertino, CA 95014 - Phone 408.255.8001 - Fax 408.255.8002 - [www.beylaw.com](http://www.beylaw.com)  
Cupertino - Minneapolis - Oakland

JUN 29 2007

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Conley et al.

Attorney Docket No.:  
SDK1P017/SDK0503.000US

Application No.: 10/754,483

Examiner: Campos, Y.

Filed: January 9, 2004

Group: 2185

Title: MEMORY CARD THAT SUPPORTS  
FILE SYSTEM INTEROPERABILITY

Confirmation No.: 6185

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to fax number 571-273-8300 to the U.S. Patent and Trademark Office on June 29, 2007.

Signed: 

Dawn Wold

**AMENDMENT TRANSMITTAL**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

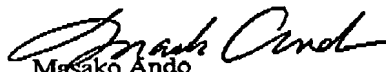
Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	35	MINUS	35	0	x 25 =	x 50 = \$0
Independent Claims	5	MINUS	5	0	x 100 =	x 200 = \$0
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$	\$0

- ☐ Applicant(s) hereby petitions for a \_\_\_\_\_ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SDK1P017).

Respectfully submitted,  
BEYER WEAVER LLP  
Misako Ando  
Reg. No. 59,900P.O. Box 70250  
Oakland, CA 94612-0250